05272

1. PLACE OF DEAT	H	1		(31)	m
County Ca	well	/		Registration Dist. No.	44
Village or City	y/ces v.	ille 1	Z (If	2. NoSt., _	
Length of residence in city	or town where	deeth occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	.mosds
2. FULL NAME	withe	rene !	Sume		
(a) Residence: No	Jy/ces	Ville (Usual place	1.1-10"	St., Ward.	1.0
PERSONAL AND	STATIST			If nonresident give city or town MEDICAL CERTIFICATE OF DEATH	
	OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
Female Bla	de		(write the word)	Muy: 10 (Day)	193 S T
5e. If merried, widowed, or divorce HUSBAND of (or) WIFE of	ed ?	Ba	ines.	22. THEREBY CERTIFY. That I ettend	ed deceased from
6. DATE OF BIRTH (month, day,	end year)	F55	2 7	7	5; death is seid
7. AGE Yeers	Months	Days	if LESS than	to heve occurred on the date stated ebove, et 10 a. m.	
80	>	7	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows:	1 -
8. Trede, profession, or part kind of work done, a: SAWYER, BOOKKEEP	SPINNER ER, etc.	louse w	Je.	Cardio renal vascular disease	R. Date of onset
work was done, es SII SAW MILL, BANK, etc	LK MILL,			apoplaying	3-5-3
SAW MILL, BANK, etc 10. Date deceased lest work, this occupation (mont yeer)	ed at hand	11. Totel ti span occu	me (years) It in this petion	Hyportalie Preumonia	5-9-3
12. BIRTHPLACE (city or town) (Stete or country)	Bela	ji Co.	met.	Other Contributory Causes of importence:	
当. NAME	1				
13. NAME 14. BIRTHPLACE (city or tow (Stete or country)	n)	own		Name of operation	
15. MAIDEN NAME	11			23. If deeth wes due to external causes (VIOLENCE) fill in also the follow	n eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or tow (Stete or country)	n)	Lown.		Accident, suicide, or homicide? Dete of Injury	
17. INFORMANT Ma. 9	Killia	mi Me +	Smith.	Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR RE-	/ / / _	Say Dato Muy	. 19. 1935	Manner of injury	
19. UNDERTAKER 6 . ?	n. Ha	ltz.	21.	24. Wes disease or injury in any wey releted to occupation of deceased? If so, specify	hu
20. FILED May 11 , 19	35 Q	Harry,	West Registrar.	(Signed) MCAM (Address) Sykresville	00 F.M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example 11	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PL

mation

County

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

8. Trade, profassion, or particular

Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, etc....

10. Date decaasad last worked at

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

17. INFORMANT.

19. UNDERTAKER (Address) 20, FILED Mary

(Address)

14. BIRTHPLACE (city or town (State or country)

16. BIRTHPLACE (city or town (State or country)

18. BURIAL, CREMATION, OR REMOVAL

kind of work dona, as SPINNER,

SAWYER, BODKKEEPER, atc.

this occupation (month and

Months

3. SEX

7. AGE

NO

PATI

00

FATHER

MOTHER

Village or City

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. (Usual place of abod PERSONAL AND STATISTICAL PARTICUL 4. COLOR OR RACE 5. SINGLE, MARRIED. OR DIVORCED (write 5a. If married, widowed, or divorced

<u></u>	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
a. Ba	rnes
Jsual place of abode)	St., Ward. If nonresident give city or town and State
PARTICULARS	MEDICAL CERTIFICATE OF DEATH
GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH 5 7, 193 8 5 (Month) (Day) (Year)
	22. HEREBY CERTIFY, That I attended deceased from 19.35 to 2 / 7 / 19.35
94 26 1932 Pays If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Maril	Brown Premova: Date of onget 5/3/35
11. Total time (years) spent in this occupation	primary Tolland na dissau os opera-
ernd 3 arnes	Other Contributory Causes of importance:
	Name of operation Date of
n. mill	What test confirmed diagnosis? Was there an autopsy? 10. 23. If death was due to external causes (VIOL ENCE) fill in also the following:
leng Barnes	Accidant, suicide, or homicide?
5-10 ,1935	Manner of injury
his Lang	24. Was disease or injury in any way ralated to occupation of deceased?
S. Denner Registrar.	(Signad) & M. Real M. D. (Address) + ampstead had.

Registration Dist. No.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or- ate A-	STATE OF MARYLAND	CERTIFICATE OF DEATH 05274
infor stat UPA	1. PLACE OF DEATH	93-2
should of	County CONTE	Registration Dist. No. 79
sho of o	Village or City And Maz'	No. St. / Ward
t w	Length of residence in city or town where death occurred yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How Jones in U.S. if of foreign birth?
AN	2. FULL NAME Chief Provis	m Daniel.
RD. Every YSICIANS statement		St. Ward.
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
REE PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex. Ex	4. COLOR OR RACE 5, SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH
A SI TO	made Total Millowed	(Month) (Pay) (1937)
ANEN ACTI	5a. II married, wdowed, or divorced HUSBANIL of (or) WIEL and American Company (or) WIEL and WIE	22-7 HEREBY CERTIFY, That I attended deceased from
MA A G	(or) WIFE AT MINGS / anuly	Mm 6 135 10 Man 8 1935
BIND FERMA EXA EXA y class	6. DATE OF BIRTH (month, day, and year of 27, 1858)	I last saw it 1/2 aliva on 1900 1 193 Sheath is said
	7. AGE Years Months Days If LESS than	to heva occurred on the date stated above at
FOR IS A stated proper ertifica	76 6 // lay,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows.
- 70	8. Trade, profession, or particular	1 Braining of life
VED-THIS	SAWYER, BOOKKEEPER, etc.	The fat and
FRVI K-T hould may back	of Selfindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Juful!
ESER INK- IE shou at it m	O 10 Date deceased last worked at 11. Total time (years)	Onimory Sayse: Chronic myscarditis. Duratar : nat
RES VG II AGE that	this occupation (month and spant in this year) occupation	Stated . Owlets
I R AG AG of the tions	12. BIRTHPLACE (city or town)	Other Contributory Gauses of importance:
GIN ed. is, so truct	(State or country)	
MARGIN REUNFADING supplied. AGI	" 13. NAME 2 mm Hayards	V
7 5 5 4	13. NAME 2 11 H A BIRTHPLACE (city of Dati)	Name of operation
CO = -= CO	(State of County)	What test confirmed diagnosis?
efully in pla	15. MAIDEN LANGE (city of town)	23. If death was dua to axternal causas (VIOLENCE) fill in also the following:
		Accident, suiclda, or homicida?
Id be car DEATH y import	(Stata or couplry)	Where did injury occur? (Specify city or town, county and State)
JI JI J	17. INFORMANT THEM	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PL., hould OF D	18, BURIAL, CREMATION, OR, REMOVAL	Manager of Indian
is is	Place Bether Date May 10, 19 35	Manner of injury
mation CAUSE	Marsager La Fungi	24. Was disease or injury in any way related to occupation of deceased?
2 ESF	19. UNDERTAKER ON IMPLIED OF HILLS	If so, specify
B. B.	De San Olla Ana	(Signed) I m / makin M. D.
> z (T)	20. FILED/Kay 10, 1935 This Oftea Waseling	(Address) Internet for
	If more blanks are needed, address State Registrar,	2412 N. Charles Street Balymore, Requesting U. S. No. 1.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
			1934			

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TAN DE AL CONTRACTOR	NA ALVI	A VAL	W CANTETTAN	MATERIAL TO	10 1	T TI T DI CITALI



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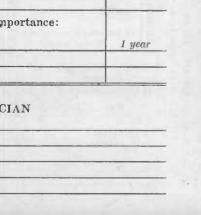
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Gallstones	May 1,1923	Gostroenteritis	1 year



ate	STATE OF MARYLAND—	CERTIFICATE OF DEATH
St in	1. PLACE OF DEATH	9-c /
of	County Carroll	Registration Dist. No. 75
sho of (Village or City Near Messon	No. St., Ward
d'S in		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. il ol foreign birth?
Every CIANS ement	2. FULL NAME Havid & Bas	
ND. F	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
R. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
, ,	3. SEX 4. COLOR OR RACE OR DIVORCED (wrige the word)	21. DATE OF DEATH (Month) (Day) (Year)
ANEN A C T I ssified.	5a. If married, widowed, or divorced HUSBAND of	
HA) A (assi	HUSBAND OF Mandellia Brown	1 HEREBY CERTIFY, That I attended decessed from
EXX c.	6. DATE OF BIRTH (month, dey, and yeer) June 10 18 50	last saw h. M. alive on Macs 4 [193 V : death is seid
d d l	7. AGE Years Month Deys If LESS then	to heve occurred on the date steted above, at 16 6 m.
IS A PE stated E properly certificate	84 10 29 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
	8. Trede, profession, or particular	Carcinoma of Prostate Inter
HIS be of	kind of work done, as SPINNER, Tarmes	6
VK—T should it may n back	work wes done, es SILK MILL, SAW MILL, BANK, etc	Lew Cut, Ochrono Julius
n it sh	U 1D. Dete deceesed lest worked et 11. Totel time (years)	
(4) 44	this occupation (month and 1406 spent in this occupation occupation	
NFADING plied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	Diper Contributory Causes of importance:
FAI ied. is, it	(State ar country) Many Land	
I	13. NAME George H. Brown 14. BIRTHPLACE (city or town)	V
Su su iin t		Neme ol operation Dete of
The life	(Stete or country)	Whet test confirmed diegnosis? Wes there en eutopsy?
KLY, be carefu EATH in important	I Carried	23. Il death wes due to external causes (VIOL ENCE) fill in also the following:
PL VLY, hould be car OF DEATH very import	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete ol Injury, 19
	Colored 10 VR	(Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
should OF D	17. INFORMANT (Address) (Address) (Address)	Specify whether injury occurred in INDUSTRY, in NOME, OF IN PUBLIC PLACE.
F-3 (0)	18. BURIAL, CREMATION, OR REMOVAL	Menner ol injury
	Place Man Emission Plate 2 - 12 1935	Neture of injury
CAUS	19. UNDERTAKER Jacob Winks Sous	24. Wes disease or injury In any way related to occupation of deceased?
B. I	(Address) manchester my	If so, specify
zi (T)	20. FILED MOGY 12, 1935 Dra M. G. S. Wenner Registrar.	(Signed) Law M. D. (Address January State and M. D.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE O		E OI			berculosis San		-05279
County	Carroll	Cour	nty		ored Branch 23	Registration Dist.	74
	Henry		Maryla			Registration Dist. I	
Village or C	ity			1)	ND. f death occurred in a hospital or instit S. 30ds. How long in U.S.If	tution, give its NAME instea	St., Ward ad of street and number)
2. FULL NA	ME Jul	ia R	ay Bro	wn rners Sta	tian, Balto.,	Co., Md.	ty or town and State
PERSON	IAL AND STA	TISTIC	AL PART	CULARS	MEDICAL C	CERTIFICATE OF	DEATH
3. SEX Female	4. COLOR OR RA			RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	y 28, 1935	193
	1	<u>u</u>	PICITIE.	o di		(Month) (Day) (Year)
5a. If married, widow HUSBAND of (or) WIFE of	Nam Nam	on B	rown		June 28, 1933	Y CERTIFY. THE	nat I attended deceased from
6. DATE OF BIRTH	(month, day, and yea	Jul	y 29,	1904	I last saw h er aliva on	May 28. 19:	35
7. AGE Yea	rs Mo	nths	Days	If LESS than	to have occurred on the data sta	ted above, et 0.00	it. · M·
		9	29	XXXXXX.	The PRINCIPAL CAUSE OF DEA wera as follows: Pulmonary Tu		nportanca Date of onset
8. Trede, profes	ssion, or particular vork done, as SPINN , BDOKKEEPER, etc	ier, Ho	usewif	9	. Idimonaly 10	rber culosis	April
kind of v SAWYER, 9 Industry or work was SAW MII 1D. Date deceess	business in which s done, as SILK MIL L, BANK, etc	L ,					1933
1D. Date decees this occu	ed last worked et pation (month and		11. Total Unk	lime (years) nt in this Opation		****	
12. BIRTHPLACE (cit	ty or town) Elb	eron Irgi	nia		Dther Coutributory Causes of Im	portance:	
13. NAME	Joseph	Rawl	ings				
13. NAME 14. BIRTHPLACE (State or	(CITY OF TOWN)	Unkn Virg			Name of operation		Dete of
15. MAIDEN NA	ME Mary B				23. If death was due to external co		
16. BIRTHPLACE	(city or town)	Unkn Virg	own		Accident, suicide, or homicide? Where did Injury occur?	Date of	injury, 19
17. INFORMANT John E. O'Neill, M. D.			Specify whether injury occurred	(Specify city or town.	county and State) In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. 1935					Manner of Injury		
19. UNDERTAKER Z	Ma Po	hely	a. Ep	lliott	24. Was diseese or injury in any	way related to occupation o	f deceased? NO
20. FILED 5/28	/35, 19	Mu	NO TO	Moll Constraints	(Signed)	ohy (de	Zeew, M.
	-			address State Personan	Oct N Charles Street Relainment		

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To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I	3 11	Example II	1.5
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	ALC: U
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	CDACE	FOD	PHDTHED	STATEMENTS	DV	DHVCICTAN
ADDITIONAL	SPACE	FUK	FURTHER	STATEMENTS	BI	PHISICIAN

STATE OF MARYLAND-CERTIFICATE, OF DEATH

BINDING

RESERVED

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1	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 - 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

portance:

1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		(A)	
Other contributory causes of importance:		Other contributory carries of importance:	
Gallstones	May 1,1923	Gastroenteritis Ma,	1 year
		.9	
		92	

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Example I

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Example II

The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Run over by street car 1921 1 week ago Chronic interstitial nephritis Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

1. PLACE OF DEATH County Carroll	Registration Dist. No. 77
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Saby Dalfo. (a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX Nale 4. COLOR OR RACE 5. SINGLE, MARBIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 28 , 193 3
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Yaar) 22. HEREBY CERTIFY, That ettended deceesad from
6. DATE OF BIRTH (month, day, and year) New 28-1935 7. AGE Years Months Days If LESS than 1 dey,hrs.	I last saw h alive on, 19, 19, death is sate to heve occurred on the date stated above, at m.
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importanca were es follows: Date of onset
SAW MILL, BANK, atc	
12. BIRTHPLACE (city or town) (State or country) (State or country)	Othar Contributary Causes of importance:
13. NAME Slewel & Balfs. 14. BIRTHPLACE (city or town)	Nama of operation Data of
(State of country)	What test confirmed diagnosis? Was thara an europsy? At
15. MATDEN NAME Wany M. Brul. 16. BIRTHPLACE (city or town)— (State or country)	23. If daath wes due to externel ceusas (VIOLENCE) filt In also the following: Accident, suicide, or homicide?
17. INFORMANT Suingl Q- Galfo. (Addrass) millers ma	(Specify cky or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION. DE REMOVAL Placa St. Peters Md Date May 19, 1935	Manner of injury
19. UNDERTAKER Jaw & Steller Man (Addrass) James Lead Man	24. Wes disease or Injury In any way related to occupation of deceasad? If so, spacify
20. FILED May 29, 1935 The life & the Reggran.	(Signed) Manifolead Md

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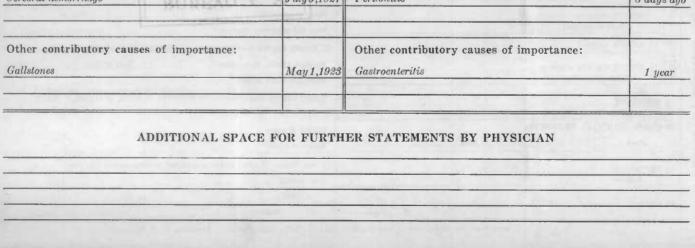
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05284
1. PLACE OF DEATH	
CountyCarroll	Registration Dist. No. 26
Village of City Westminster	No. County Home St., Ward
Length of residence in city or town where death occurred 72 yrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary A. Darr	1
(a) Residence: No. County Home (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE Female White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH May (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Benjamin F. Darr	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and veer) January 14, 1863	I last saw h. W eliva on 7/10 4 19.3 6 death is said
6. DATE OF BIRTH (month, day, and yeer) January 14, 1863 7. AGE Years Months Oeys If LESS than	to have occurred on the dete stated above, at the months and
7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8. Trada, profession, or particular kind of work done, as SPINNER. At home SAWYER, BDOKKEEPER, etc.	meje za follows: Livery de la company de la
9. Industry or business in which	me paras
work was done, as SłŁK MILL, SAW MILL, BANK, atc. 10:Date deceased lest workad at this occupation (month and year) occupation occupation	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributary Causes of importanca:
13. NAME Michael Hayes	
13. NAME Michael Hayes 14. BIRTHPLACE (city or town) (State or country) 1 reland	Name of operation
	What tast confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Not known 16. BIRTHPLACE (city or town) (State or country) Treland	23. If daeth was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 19
17. INFORMANT Benjamin Darr (Address) Westminster, Md., 1	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Westminster Date May 7, 19 35	Mennar of injury
19. UNDERTAKER J. Francis Reese (Address) Nestminster, Md.	24. Was disease or injury in any way related to occupation of dacaased?
20, FILED / 6 , 12 W Allwoodwood Register.	(Signed) M. D. (Address) M. D.

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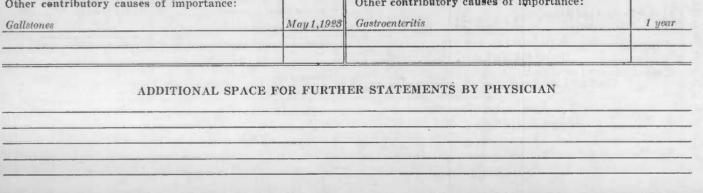
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



TION is very important. See instructions on back of certificate.

N. B.-WRITE PL.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	,
1. PLACE OF DEATH	3	,
county Carroll	Registrație Dist. Np. 74	
Village or City Sykesolle	ND. Flohrville St. W	ard
(1)	death occurred in a horpital or institution, give its NAME instead of street and number)	
Length of residence In city of town where death occurred	ds. How long In U.S. if of foreign birth?mos	_ds,
2. FULL NAME Daty Gest	aus	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	_
Female white OR DIVORCED (write the word)	May 18 1935	
5a. If merriad, widowad, or divorced	(MonOR) (Day) (Yeer)	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased f	
E DATE OF PIPTH (month for and month) Mey 8 th 1935	, 19, to, 19	
6. DATE OF DIKTH (mount, one and year)	I last saw h alive on; death is	sald
7. AGE Years Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Ormin.	were as follows:	set
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc.		
9. Industry or husiness in which		
SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and yeer) yeer) 11. Total time (yeers) spont in this occupation		
2 Subserved be bell	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (Stata or country)		~
13. NAME July Elyand Davis		
13. NAME July Rhy Chrone Wave 14. BIRTHPLACE (city or town) Brikerick & July	Name of operation Date of	
(Stata or country)	What tast confirmed diagnosis? Westhere an au'opsy?	7
15. MAIDEN NAME Ethil Frank Cooley	23, If daath wes due to external causes (VIDLENCE) fill in also the following:	
15. MAIDEN NAME Ethel France Cookey 16. BIRTHPLACE (city or town) Montgomery & Mad	Accidant, suicida, or homicida? Date of Injury	
₹ (State or country)	Where did injury occur?	
17. INFORMANT J & David	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Sypesville hus		
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Friedrich De Zulay 59, 1935	Nature of injury	
19. UNDERTAKER TATTOR STELL YOU IN	Wes disaase or injury in any way ralated to occupation of deceased?	
(Addrass) Septemble Medy.	If so, specify	
20. FILED May 18 1935 CHARLY New	(Signad) N	A. D.

Registrar.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING RESERVED MARGIN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
<u> </u>			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1, 1925	Gastraenteritis	1 year
	13	St No.	
	101		1



BINDING

RESERVED

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Example I	199	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923		1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

CTATE OF M	ADVI AND	CEDTIFICAT	E OF DEATH
STATE OF M	ARTLAND-	CERTIFICAT	E OF DEATE

		-			
	1	1)	6	8	
u	, 1	2	3		

1. PLACE OF DEATH Maryland T					uberculosis Sanatorium	200		
	County	Carroll		Colorec	Branch (2) Registration Dist. No. 74	*** * * * * * * * * * * * * * * * * * *		
	Village Dr City			(1)	No. St., death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	Ward number) osds.		
2	(a) Residence: No.		uline (Gray Frederick	CGO, . M. M. Merd. If nonresident give city or town and			
	PERSONAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3.	Female 4. colo	ror race lored	or Divorcei	RIED, WIDOWED, O (purite the word) TIED	21. DATE OF DEATH May 20 (Month) (Day)	, 193_5 (Year)		
5a.	If married, widowed, or dive HUSBAND of (or) WIFE of		rge Gr	ay	22. HEREBY CERTIFY, That I attended February 25 1935 to May 20	daceased from		
	DATE OF BIRTH (month, da AGE Years 45	y, and year) Ma Months	y 4, 18 Days 16	If LESS than 1 day 2 hrs.	to have occurred on the data stated above, at 9:45 P. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
OCCUPATION	8. Trade, profession, or p. kind of work done, SAWYER, BDOKKEE 9. Industry or businass ir work was done, as: SAW MILL, BANK, 10-Date deceased last wo this occupation (mo	n which SILK MILL, etc rked at nth and	No.		Pulmonary Tuberculosis Oct			
12.	BIRTHPLACE (city or town) (State or country)	wwwWo	odsbor	o, Md.	Other Contributory Causes of Importance:			
ER	13. NAME Calvin	Luby						
FATHER	14. BIRTHPLACE (city or to (State or country)	Woo Ma	dsboro ryland		Name of operation Date of What tast confirmed diagnosis? Was there an autopsy?			
15. MAIDEN NAME Hester Brown 16. BIRTHPLACE (city or town) Manchester (State or country) Maryland					23. If death was due to external causas (VIDL ENCE) fill in also the following: Accidant, suicida, or homicide?			
		E. O'Ne lenryton,		,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.		
	Place Frair 2		Datemay	26,19\35	Manner of injury			
	UNDERTAKER (Address) Way FILED May 20	12em	Thon	Maca, Registrar.	24. Was disaase or injury in any way related to occupation of decaased? If so, spacify (Signad) (Address) Henryton, Mo.	NO		
		THE RESERVE THE PARTY OF THE PA			2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
0				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		w .		

MARGIN RESERVED FOR BINDING

STATE C	F MARY	land Tul	CERTIFICATE OF DEATH 05289
County Carroll		Cold	ored Branch 2 Registration Dist. No. 74
Village or City Henryton,	Marvlar	id.	
Length of residence in city or town where of the control of the co	n Hammor , Rockvi) yrs 1 mos 1d 1le, Mor	No. St., War death occurred in a horpital or iostitution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	(Usual place o		If nonresident give city or town and State
PERSONAL AND STATIST	1		MEDICAL CERTIFICATE OF DEATH
Male Color ed	5. SINGLE, MARR OR DIVORCED Marrie	(write the word)	21. DATE OF DEATH May 14, 1935 (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Robert	a Hammor	ıd	22. I HEREBY CERTIFY, That I attended deceased from March 25, 1935, to May 14, 1935,
6. DATE OF BIRTH (month, dey, end year) OC			lest saw him alive on May 14, 1935 19 death is sa
7. AGE Yeers Months	Days	If LESS then 1 day,hrs.	to heve occurred on the date stated above, et 5.30 mA. M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	1	OLDCDCDCDC	were as follows: Date of the D
kind of work done, as SPINNER, I SAWYER, BOOKKEEPER, etc.	aborer		1934
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	nknown		
10. Date deceased last worked et this occupation (month and year)	11. Total tin	ne (yeers)	
tz. BIRTHPLACE (city or town) Unknow (State or country) Maryla		••••••••••	Other Contributory Causes of Importance:
置 13. NAME James Hammon	ıd,		
14. BIRTHPLACE (city or town) Unkr. (Stete or country) Mary	land.		Name of operation Dete of Whet test confirmed diagnosis? Was there en aulopsy? N
15. MAIDEN NAME UNKNOWN			23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) Unkn (State or country) Unkn			Accident, suicide, or homicide?
17. INFORMANT John E. O'Ne (Address) Henryton,	ill, M.		Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18 BUNIAL, CREMATION, OR REMOVAL	· 1 m	16	Manner of Injury
	ate /	ay , 19 3)	Nature of injury
19. UNDERTAKER Zeo (Address)	rovo	Gen	24. Wes disease or injury in any way releted to occupation of deceased? NO
20. FILED 5/14/35, 19	Buty Lo	Me (1). Cal Registrar.	(Signed) (Signed) (Address) Henryton, Maryland
If more	blanks are needed, ad	ldress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
-			110
Other contributory causes of importance:		Other contributory causes of importance:	*****
Gallstones	May 1,1923	Gastroenteritis	1 year
			4

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TANDER TO WATER	DE TECT	T. CYC	T. Ole I WILLIAM	DIAKTEMETIC	11 1	THEOLOGIAN

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U	U	4	1	U

1. PLACE	OF DEAT	тн	Mary		rculosis Sanatorium	3 4 0 0
County_	Carr	oll		Colored	Branch (23) Registration Dist. No. 74	
		nryton, ty or town where d		_ (16	No. (Above) St., f death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth? yrs. m	Ward number) osds.
		arrie R				
					Co., Mdward.	
(a) Resid	dence: No	OCH UI 6V	(Usual place	of abode)	If nonresident give city or town and	State
PERSO	DNAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex Female		r or race lored		RRIED, WIDOWED, ED (write the word) 100	21. DATE OF DEATH May 25, 1935 (Month) (Day)	, 193(Yeer)
5e. If merried, with HUSBAND of		rced				
(or) WIFE o		Asl	bury Ho	llis	22. I HEREBY CERTIFY, Thet I attended May 24, 1935, 19 to May 25, 19	deceased from
		y, and year)	ctober	25, 1900	I last saw h. er. elive on May 25, 1935, 19	; deeth is said
7. AGE	Yeers	Months	Deys	If LESS then 1 day,hrs.	to have occurred on the date stated above, a4.30 Pm. M.	
	34	7	0	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Date of onset
8. Trede, pr kind (SAW) 9. Industry	ofession, or pa of work done, /ER, BOOKKEE	erticular es SPINNER, I PER, etc	Housewi	fe	Pulmonary Tuberculosis	-
	or business in wes done, as S	SILK MILL.	At home			-
D 10 Date day	MILL, BANK, e eased last wor	thad at	1 22 7-4-1	time (years)		reb.
- (1112.0	ccupetion (moi	nth endUnkno	own sp	ent In thunknow	7	1935
		Cent	reville		Other Contributory Causes of Importence:	
12. BIRTHPLACE (State or o			land	4		
™ 13. NAME			Handy			
巴		Canta	reville			
Y 14. BIRTHPL	ACE (city or to e or country)	Mary			Name of operation	. No
15. MAIDEN	NAME	Stell	la Simp	son	What test confirmed diegnosis? Was there en 23. If deeth was due to externel causes (VIOLENCE) fill in also the following	
T 16 BIDTUDI	AOF (situ on to	Centi	reville		Accident, suicide, or homicide? Dete of Injury	
	ACE (city or to or country)	Mary.	land		Where did Injury occur?	, 17
17. INFORMANT John E. O'Neill, M. D. (Address) Henryton, Md.					(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ie) ACE.
			1.			
18 BURIAL CREMATION, OF REMOVAL LANGE TO THE STATE OF TH					Manner of injury	
	X	· · · · ·	Ex. C.	A	Traction of highly	10
19. UNDERTAKER (Address)	1 de	00 100	1. 51		24. Wes disease or injury in any way related to occupation of deceased?	V Q
	95/45	11	7	21. /	If so, specify	
20. FILED D.	25/35	Depu	tv Loca	Registrar.	(Signed) Henryton Md	M. D

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Chronic interstitial nepl	hritis	. 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	REPEAT V S	July 5,1927	Peritonitis	3 days ago	
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	3 Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICAT state OCCUPA 1. PLACE OF DEAT pluods Village or Gity of (If death occurred in a hospital or i PHYSICIANS Length of residence In city of fown where death occurred statement (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEAT OR DIVORCED (write the word) BINDING 5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of May certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months to have occurred on the date 1 day, 10 hrs. The PRINCIPAL CAUSE OF or____ min. ware as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.... OCCDEATION MARGIN RESERVED Jo back 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc._____ may plnods on 10. Date dacaasad last worked at 11. Total tima (yaars) this occupation (month and that occupation ... instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) carefully MOTHER important. 15. MAIDEN NAME .5 DEATH 16. BIRTHPLACE (city or town). (State or country) pe Whera did injury occur?_____ plnods OF. (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of Injury CAUSE mation LION Nature of Injury 24. Was disease or injury in 19. UNCERTAKER (Address) if so, specify (Signed) Registrar.

E OF DEA	TIL	0 = 0 0	4
E OF DEA	IH	0253	1
		78	
Registration [Dist. No	/0	
nstitution, give its NAME	instead of stre	St., eet and numb	Ward
	,13	mios	us.
If nonresident a	rive city or to	wn and State	
CERTIFICATE	OF DEA	TH	
H	14.		
(Month)			
BY CERTIFY 1935, to May 16	, That I at	tended decas	sad from
, 19.35, to	May	160	1935
May 16	5	9 35 ; daa	th is sald
statad above, at			
EATH and raiated causes	s of important		
(7 24 mil	1-1-		e of onset
I will	- /-		

Nama of oparation What test confirmed diagnosis?_____ Was there en autopsy?____

23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?______ Data of Injury______ 19_____

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

Date of onset

RESERVED

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Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
HUNEAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	infor-	state	UPA-
(M)	Jo		200
	item	should) jo
	Every	PHYSICIANS	Exact statement of OCCUPA.
	RD.	YSI	stat
3	NENT RECORD. Every item of infor-	Y. PH	Exact
NG	ENT	TL	fied.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMAN mation should be carefully supplied. AGE should be stated EXAC CAUSE OF DEATH in plain terms, so that it may be properly classif TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	05293
DEATH.		0000

1. PLACE O	F DEATH			(59)	V
County	Carroll			Registration Dist. No. 78	
	Heldon,		(19	SOTNO. St., ideath occurred in a horpital or institution, give its NAME instead of street and numlds. How long in U.S. If of foreign birth?	Ward
2. FULL NA	ME Laura J	.Jackso	on,		
(a) Resider	nce: No. We	ldon Md	of abode)	St., Ward. If nonresident give city or town und Stat	e
PERSON	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			21. DATE OF DEATH May, 6th, 18	(Year)
5a. If married, widov HUSBAND of (or) WIFE of	wed, or divorced late Warner	Jackso	on	22. I HEREBY CERTIFY. That I attended dace	
6. DATE OF BIRTH	(month, day, and year) 18	57-?-?		I last saw h & alive on May 4th 1,1935; de	ath is sald
78 2 1 day,hrs. The PRINCIPAL		to have occurred on the data stated above, a 2: 15p.em. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
	ssion, or particular work dona, as SPINNER, BOOKKEEPER, etc	None		Dicheles Wellelin (933
IM WAS	business In which is dona, as SILK MILL, LL, BANK, etc	••••	=======================================		
O this occu	ad last worked at petion (month end	spe	ima (years) nt in this upation		
12. BIRTHPLACE (ci		rick Co		Other Contributory Causes of importanca:	
13. NAME	Sebastin H	V			
		nown		Name of oparation Data of	
15. MAIDEN NA		la Cond	ol	What tast confirmed diagnosis? Was there are autop 23. If death was due to external causes (VIOL ENCE) fill in also the following:	sy?
16. BIRTHPLACE	(city or town)Un	known		Accident, suicide, or homicida? Data of injury Whare did injury occur?	19
(Addrass)	irs.Fannie H F.D.New Win			(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMAT	rion, or removal view Cemty.			Manner of injury	
19. UNDERTAKER (Addrass)	6.7m.20 Winfield	alf.		24. Was disaase or Injury in any way related to occupation of decaased?	}
20. FILED 5 -	9-,1925 6	mis	Farrey al Registrar.	(Signad) Le Surity (Addrass) New Windows M11	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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The principal cause of death and related cruses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN	July 5, 1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	128.1
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. MARGIN RESERVED FOR BINDING properly classified. AGE should be

PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PL	LACE OF DEA	ТН			
С	county Ca	rroll			Registration Dist. No.
v	illage or City ne	ar,Berre	tt,R.	F.D. Syk	eswille st word
				(1	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
	ULL NAME				
	a) Residence: No.			et.t. Md	C) Word
,	a) Residence. No.		(Usual place	of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AI		CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	Female Black 5. Single, Married, Widowed, OR Divorced (write the word) Single		D (write the word)	21. DATE OF DEATH May, 4, 195 (Month) (Day) (Year)	
5a, If ma	rried, widowed, or div	rorced			
(or)	WIFE of				22. ! HEREBY CERTIFY. That I attended deceased from
6. DATE	OF BIRTH (month, d	av and year) 19	33-9-24		I last sawh alive on May 2nd 1935; death is said
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 5,45 P.m.
	1	7	9	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. 1 NO I W	Trade, profession, or kind of work done SAWYER, BOOKKE	as SPINNER.	none		Capel ory Monaheles: primary
2 8.1	Industry or business work was done, as		100116		Mot preceded by an infertour discourt
	SAW MILL, BANK	, etc			Carto
10. 1	Date deceased last we this occupation (m year)	onth end	spe	ime (years) nt in this upation	
I2. BIRT	HPLACE (city or town	near I	Berrett	,	Other Contributory Causes of importance:
	State or country)		ryland		
13. 1	NAME	Charles			
13. N	SIRTHPLACE (city or (State or country)	Ma	rroll Coaryland		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. N	MAIDEN NAME	Nola Rhe	eubottor	n	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. N 16. E	BIRTHPLACE (city or		coll Co	9	Accident, suicide, or homicide? Date of înjury, 19
Σ	(State or country)	Mary	land		Where did injury occur? (Specify city or town, county and State)
17. INFO	RMANT Mrs.	Nola Jac	kson,		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) R. F. DSykesville, Md. 18. BURIAL, CREMATION, OR REMOVAL					
Pithite Rock Centy Date May 4, 135.					Manner of injury
19. UNDERTAKER 6. 2m. Malt. (Address) Winfield. Md. 7					24. Was disease or injury in any way releted to occupation of deceased?
-	- 41 4		20-	West m	If so, specify (Signed) (Signed) M. D.
20. FILED	Mays		Defeut	Registry.	(Address) Then Wen plan Only.
		If more b	lanks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			D=== 7-	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TYNAMATACATA	OI AUE	T. OT	T. OTCHILLE	STATISMENTS	$\mathbf{D}_{\mathbf{I}}$	THISICIAN

FOR BINDING

MARGIN RESERVED

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1.2	. 1	1	1	-
U	U	4	W	21

1. PLACE O	F DEATH	Maryla	_	culosis Sanat		00430
County	Carroll			d Branch 23	Registration Dist. No	4
Village or C	Henryton	, Maryla		No		t.,Ward
Length of resi	idence in city or town where d	death occurred	1 yrs 4 mos	f death occurred in a hospital or inst	itution, give its NAME instead of stree f of foreign birth?	et and number)
(a) Residen	Loononi	itown, S (Usualpiace		Ca., Md Ward.	If nonresident give city or tow	n and State
PERSON	IAL AND STATIST	ICAL PARTI	CULARS	MEDICAL	CERTIFICATE OF DEAT	ГН
3. SEX Female	4. color or race Color ed	5. SINGLE, MAR OR DIVORCE Single	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	May 10, 1935 (Month) (Day)	, 193 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	red, or divorced		-	Jan., 3, 193	Y CERTIFY, That I atte	ended deceased from
7. AGE Yes	(month, day, and year) Malars Months	reh 13,	1917 If LESS than 1 day,hrs. ormin.	l last saw h Pralive on to have occurred on the date stone as follows:	ATH and related causes of importance	
kind of SAWYER 9. Industry or work wa SAW MII	, BOOKKEEPER, etc.		Housework			1933
12. BIRTHPLACE (ci			*************	Other Contributory Causes of in	nportance:	
13. NAME J	ohn Johnson	,				
	country) Unarles	s Co., A	Ad.	Name of operation What test confirmed diagnosis?		e of No
	(city or town) Leons	rnes ardtown aryland		23. If death was due to external of Accident, suicide, or homicide?. Where did Injury occur?		, 19
17. INFORMANT J	ohn E. O'Ne: Henryton			Specify whether injury occurred	(Specify city or town, county at I in INOUSTRY, in HOME, or In PUBL	nd State) IC PLACE.
18 BURIAL, CREMAT	VILL MILL	Date His	414,19 En	Manner of Injury		
19. UNDERTAKER (Address) 20. FILED 5/1	13/act	aty Loca	Kell 1. Registrar.	If so, specify (Signed)	way related to occupation of decease	NO M. D

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
6/1		• (6.		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDIN

RESERVED

MARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

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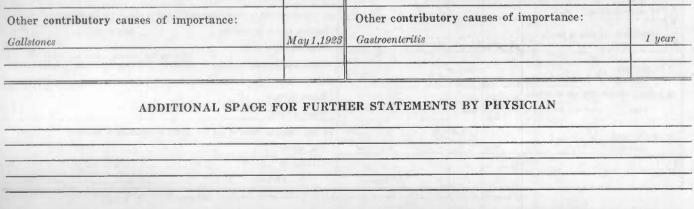
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



()	(131)
County Carroll	Registration Dist. No. 44
Village or City Dykesville	No. Ohm afrild Mate Norpital St., Ward (If death occurred in a Ropital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	_mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John alphongis Ferdina	
(a) Residence: No. 3008 Hamilton ave	St. Ward Baltimone Md.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wo	
Male White Widowed.	(Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Anna Vaeth	22. /2 I HEREBY CERTIFY, Thet I attended deceased from
(or) wire or	may 10 2 1935 to may 30 3 1935
6. DATE OF BIRTH (month, day, and year) august 5th 1866	Hest saw harm alive on May 30 4 19 35; death Is said
7. AGE Years Months Days If LESS th	to heve occurred on the date stated above, at 7-2 8 Pm.
68 9 25 1 dey,	was a fellows.
8. Trede, profession, or perticular kind of work done, es SPINNER, Painter	Cardwareular renal durace. Date of onest
kind of work done, es SPINNER, Carnter SAWYER, BOOKKEEPER, etc.	Chromo Rephrites and april!
9 Industry or business in which work wes done, es SILK MILL, Carrengest Bugger SAW MILL, BANK, etc.	Chronic myranditis 1935
10. Date deceased last worked at Luberry 11. Total time (years) 10	V
this occupation (month and 1905 spent in this occupation	
12, BIRTHPLACE (city or town) Baltinum	Other Contributory Causes of importance:
(State or country) Md.	
13. NAME John a. Kronkel	,
13. NAME John G. Kronkel 14. BIRTHPLACE (city or town) unknown	Neme of operation None Date of
(State of country) bermany	Neme of operation None Physical as sus and laboratory findings Whet test confirmed diagnosis? Laboratory findings ho
15. MAIDEN NAME Mary Roseria Reishner 16. BIRTHPLACE (city or town) unknown	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) inchrown	Accident, suicide, or homicide? Date of injury, 19
(State of country) welderine	Where did injury occur?
17. INFORMANT Springfreed state Nospital (Records)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sykesville Md. 18. BURIAL DEMATION, OR REMOVAL)	
Haty Close Cell Date July 3 19	Manner of injury
	Nature of injury
19. UNDERTAKER COLLEY CARRIED COLLEGE	24. Was disease or injury in eny way related to occupation of deceesed?
The state of the s	If so, specify
20. FILE Mary 31, 1935 Charry Hus	(Signed) John h. Morris

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Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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05298
. 74
of street and number)
sds.
Md. or town and State
DEATH
19

(If death occurred in a hospital or institution, give its NAME instead If nonresident give city MEDICAL CERTIFICATE OF (Day) (Year) EBY CERTIFY. Thet I attended deceesed from The PRINCIPAL CAUSE OF DEATH end releted causes of importence Date of enset Prior L 23. If deeth was due to external causes (ViOLENCE) fill in elso the following: Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 24. Wes diseese or injury in eny wey releted to occupation of deceased? If so, specify SSHI Qu

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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محد

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal confirmation of importance v	ause of death and related causes were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy		1 week ago
Chronic interstitial nephritis	1921	Run over by street	car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	- Comment of the Comm	3 days ago
			0 2	
Other contributory causes of importance:		Other contribut	ory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	De co con	1 year
			Q H	
			1985	
			. 01 3	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEA	STATE O			(127)	27 (
County Cari			S	PRINGFIELD COAME HOSPINA	No. 14	
Village or City	Sykesvil	le, Md.		No. death occurred in a horpital or institution, give its NAME instea	St., Ward	
Length of residence in	city or town where dea	ath occurred	2yrs7mos	9 ds. How long in U.S. If of foreign birth?	yrsds.	
2. FULL NAME	CAROLINE	LENTZ				
(a) Residence: No.	Nal	temo	u n	Ward.		
PERSONAL AI	ND STATISTIC	(Usual place of		It nonresident give oil MEDICAL CERTIFICATE OF	ty or town and State	
		S. SINGLE, MARR		21 DATE OF BEATH		
	White	OR DIVORCED	(write the word)	мау	26, 35	
5a. If married, widowed, or div		0111610		(Month) (Day) (Year)	
HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, THE June. 19 33 to May		
6. DATE OF BIRTH (month, d	av. and year) Ja	nuary 1	2, 1887	Hast saw her alive on May 26,	19 35; death is seid	
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at5:15 p.m.		
48	4	14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of in were as follows:	mportance	
8. Trade, profession, or	particular			1. Epilepsy since 1891	Date of onset	
8. I rade, profession, or kind of work done SAWYER, BOOKKE	EPER, etc.	ever em	ртоуеα	2. Chronic Cholecystitis	10-17-3	
Industry or business work was done, es SAW MILL, BANK,	SILK MILL,					
SAW MILL, BANK, 10. Date deceased last we this occupation (myear)	orked at onth and	11. Total tim	ne (years) in this ation			
12. BfRTHPLACE (city or town (State or country)	Baltimo	re, Md.		Other Contributory Causes of Importance: Acute Cholangitis	4.21-13	
13. NAME Micha	el Lentz					
14. BIRTHPLACE (city or	town)			Name of operation	Dete of	
(State or country)	Germa	ny		Whet test confirmed diagnosis?		
15. MAIDEN NAME	Mary Coop	er		23. If death wes due to external causes (VIOLENCE) fill in als		
15. MAIDEN NAME 16. BIRTHPLACE (city or (Stete or country)		a		Accident, suicide, or homicide? Date of Where did Injury occur?		
17. INFORMANT HOSD (Address)	records, Sykesvi	S.S.Ho		Specify whether Injury occurred In INDUSTRY, in HOME, or	county and State) In PUBLIC PLACE.	
18. BURIAL, CRENATION, OR	EMOVAL DEN	whole M	M 28: 3	Manner of Injury	,	
19. UNDERTAKER	45	into	I lyn	44. Was disease or injury In any way related to occupation of	f deceased?Ms	
20, FILED May 29	1935-07	suy,	A LEC	(Signed) Johns L. William	ille, Mid.	

Registrar.

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Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
SURE IT V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Brain showed bilateral prefrontal alrophy.

BINDING

FOR

RESERVED

MARGIN

Registrar. Address) S. S.

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ADDITIONAL SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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(Addrass)

5/27/35

BINDING

MARGIN RESERVED

1. PLACE OF DEATH County Carroll Village or City Henryton, Maryland. Length of residence in city or town where death occurred __ 2. FULL NAME Downing Holland Mackall Chaney, Calvert Co., Md.st. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Male Colored 5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Sept., 17, 1907 7. AGE Months Devs If LESS than 10 8. Trada, profassion, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPATION Farm Laborer Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, atc ... 10. Data dacaased last worked at 11. Totel tima (years) this occupation (month and year) ... UNKNOWN Chaney, 12. BIRTHPLACE (city or town). Marvland. (State or country) Wilmer Mackall FATHER Chaney, 14. BIRTHPLACE (city or town) Maryland. (State or country) 15. MAIDEN NAME Emma Jenkins. Chaney, 16. BIRTHPLACE (city or town) (State or country) Maryland. John E. O'Neill, M. D., Henryton, Maryland. (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER ...

(If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH May 27, 1935 (Year) HEREBY CERTLEY. That I attended decessed from 29, 1935, May 27, 1935 May 27 to have occurred on the date stated above. et 12.20, A.M. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance Pulmonary Tuberculosis Bataofquaot 1934 Name of operation. What test confirmed diegnosis?... 23. If daath was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?... Whera did injury occur?___. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Manner of injury Nature of injury 24. Was disease or injury in any way ralated to occupation of deceased If so, specify (Address) Henryton

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Gallstones	May 1,1923	Gastroenteritis	1 year	
		(

or- ate A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05303
st: UP	1. PLACE OF DEATH	220
of DCC DCC	county Constitution of a	Regustration Dist. No. 8/
sho ef C	mathrage or City from Syffeth	No St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS nt	Length of residence in city of Town where death occurredmds.	
Eve	2. FULL NAME COMP AMOUNT	Messey?
RD. Prsic	(a) Residence, No. (Usual place of abode)	If nonresident give city or town and State
RE PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	5. SINGLE, MARRIED, WIDOWED, OR DEVERCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
RMANEN X A C T I classified.	5a. If married, widewed or diversed HUSBAND of (or) WIFE of MILE AND	22. I HEREBY CERTIFY. That I attended degreesed from 190, to Man 16, 1903
Decimal 6	6. DATE OF BIRTH (month, day, and yeer) 15/1862	1 Jast saw h Mostive on MM 157 193 5; death is said
IS A PE stated E properly certificate	7. AGE Years Months Deys If LESS than 1 day,	to have occurred on the date stated above, at
IS A I stated properl	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be is	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEPER, etc.	Chrime Carrilar
		Busiane of Stort
NK—T should it may n back	9. Industry or business in which work was done, as SILK MIXI.	
F4 A	10. Data deceased last worked at this occupation (month and)	
VG I	year) geauphton geauphton	Other Contributory Causes of importance:
NFADING plied. AGI rms, so tha instructions	12. BIRTHPLACE (bity or town) (State or country)	
FA lied ms, stru		
- D -	E MANAGER	
H U su in t	14. BIRTHPLACE (city or fown) (State or country)	Name of operation
ndr ully pla t		What test confirmed diegnosis?
be carefu EATH in important	E CONTRACTOR OF THE STATE OF TH	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
ALY, be car ATH mport	State or country)	Where did Injury occur?
S PLAR. should be OF DEA	17. INFORMANT AND	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION OF REMOVAL	Manner of injury
RITE tion s USE N is	Place Kipl Allk Case Date May 19, 1936	Nature of injury
mation s CAUSE TION is	19. UNDERTAKER DA Harfilan Sona	24. Was disease or injury in any way releted to occupation of deceased?
m m	more office fold	(Signed) DAM M. MASUME M.D.
z T	20. FILED May 16, 1925 / Litharan Desite Registrar.	(Address) Africalle my
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Bajtimore, Requesting U. S. No. 1.

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6				
Other contributory causes of importance:	,	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05304
1. PLACE OF DEATH	(31)
County Carroll	Registration Dist. No. 74
Village or City Dykesvile.	No. Mrngfield State Hospitas St., Ward
Length of residence in city or town where death occurred 21 yrs 11 mos.	death occurred in a hapital or institution, give its NAME instead of street and number) ds. How long in U.S. II ol loreign birth? yrs. mos. ds.
2. FULL NAME Otho R. Miller	
(a) Residence: No. Havre de Grace. Md	Havre de Grace. Md.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Lingle	21. DATE OF DEATH May 2 nd 1935 (Month) (Day) (Year)
5a. I1 married, widowed, or divorced HUSBAND o1 (or) WIFE o1	22. / I HEREBY CERTIFY, That I attended deceased from
	July 26 4 , 19/5 , 10 May 2nd , 19 36
6. DATE OF BIRTH (month, day, and year) Film any 17 4 1873	last saw hum alive on may 2nd ,1935; death is said
7. AGE Years Months Days II LESS than 1 day,hrs.	to have occurred on the date stated above, at / 2 - 2 . C.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
(C) 2 0 ormin.	were as follows:
8. Trade, prolession, or particular farmer and kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc.	arterios derous with high 1930
C. The 9. Industry of Dusiness in which	arterial tension (210/120)
CAN MILL DANK SEE WILL,	A.
10. Date deceased last worked at Turkurum 11. Total time (years) q years this occupation (month and 1913 spent in this material occupation)	
10 years	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Havre -de Grace (State or country) Md	Chromic Rephritis 1930
1 000	
13. NAME Thomas Miller 14. BIRTHPLACE (city or town) Luknown (State or country) Md.	Name of aperation. (The succession and laboratory finding analysis (Analysis) What test confirmed diagnosis? Was there an autopsy? Yes
15. MAIDEN NAME Rebecca Mc Kennis	23. It death was due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Rebecca Mc Kermis 16. BIRTHPLACE (city or town) 2000 hours (State or country)	Accident, suicide, or homicide?
17. INFORMANT Springfield stata Hospital (Reavids) (Address) Supervill Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION OR REMOVAL Med Date May 4, 1935	Manner of injury
19. UNDERTAKER P. Muslichell (Address Have Se Grace M	24. Was disease or injury In any way related to occupation of decoased? No
20. FILED May 2, 1935 attacey there	(Signed) John Morris M.D. (Arthrose) (ISN) Dupesville. Md.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V, B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH County Carroll				Registration Dist. No.	_	
/	Sykesoil	L	g (II	No. Springfield state Hospital St.	War	
Length of rasidence 2. FULL NAME	nick or town where	death occurred	yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number 27. ds. How long in U.S. if of foreign birth? Link. yrs	ds	
. (a) Residence: N	o. (Silver	Unknown (Usual place	of abode)	St., Ward. Baltimine, Md If nonresident give city or town and State		
PERSONAL	AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX A. COLOR OR RACE Thale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Winkhown				21. DATE OF DEATH May 27 4 (0ay) (193	(ear)	
5a. If marriad, widowad, or divorced HUSBANO of (or) WifE of			.,	22. I HEREBY CERTIFY. That I attended dacassed fr February 25°, 1935, to May 27°, 1935		
6. DATE OF BIRTH (month	, day, and year) hus	invan luku	our 1853	1750	h Is sai	
7. AGE Years 82	Months	Deys	If LESS than I day,hrs. ormin.	to have occurred on the data statad abova, atm. Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:		
8. Trede, profassion, of kind of work de SAWYER, BOOM 9. Industry or busine work was dona SAW MILL, BAI	r particular na, as SPINNER, \(\) KEEPER, etc ss in which as SILK MILL, \(\) IK, etc	uknown		at	of onset	
10. Oata decaasad last this occupation yaar)	(month and Luck	000	time (yaars) nt in this www. upation	Other Contributory Couses of importance:		
(State or country)	yn). Jug	oslovake	a			
13. NAME Curbrown 14. BIRTHPLACE (city or town) Curbrown (Stata or country) Curbrown 15. MAIOEN NAME Curprown 16. BIRTHPLACE (city or town) Curbrown (State or country) Curbrown 17. INFORMANT Opensfield state Hospital (Records)				Name of operation None Physical signs and Post morter findings: What test confirmed diagnosis? Was there an autopsy	This	
				23. If daath was due to external causes (VIOLENCE) fill In also the following: Accidant, suicide, or homicide?		
(Address)	RIFESTE CONTRACTOR	The May	430 1035°	Manner of injury		
19. UNOERTAKER (Addrass)	yeurel	en de	u.	24. Was disease or Injury in any way ralated to occupation of decaased? Not If so, specify		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

OCCUPA-

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1. PLACE OF DEATH	CERTIFICATE OF DEATH	05306	
County Carroll	Registration Dist. No.	74	
Village or City Pykesville.	ND. Opringfield state Hospital St., f death occurred in a hospital or institution, give its NAME instead of street a	War	
2. FULL NAME John Francis Renchan	s. 26 ds. How long in U.S. if of foreign birth? yrs.		
(a) Residence: No. 300 Netton avenue (Usualplace of abode)	St., Ward. Catousville, Md. If nonresident give city or lown		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	4	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Maried Married	21. DATE OF DEATH May 27th (Day)	, 193.5 (Year)	
5a. If married, widowad, or divorced HUSBAND of (or) WiFE of Ann King	1 HEREBY CERTIFY, That i attended to the state of the sta		
6. DATE OF BIRTH (month, day, and year) april 27th 1857		5 ; death is sai	
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 6.12-A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work dona, as SPINNER, Lalesman + Clerk SAWYER, BOOKKEEPER, atc.	arteriosclerosis	Pate of onse	
9. Industry or business in which work was dona, as SILK MILL Baught Some Turkly as Company SAW MILL, BANK, etc. 10. Data decessed iast worked at turknown this occupation (month and 1922) 11. Total time (years) 35 spent in this occupation (month and 1922)		1935	
12. BIRTHPLACE (city or town) Unknown (State or country) Howard Co. Ind.	Other Contributory Canses of Importance: Chromic Mygoraditis, and	Prior to	
	Chronic Nephritis	IN 13	
14. BIRTHPLACE (city or town) Luknown (State or country) Ineland.	Name of operation. None Climical signe and laborating finding What tast confirmed diagnosis? And laborating was that	of an autopsy? Ty	
15. MAIDEN NAME Mary me avoy 16. BIRTHPLACE (city or town) unknown (State or country) mary land. 17. INFORMANT Amongfield state Hospital (Records) (Address) superville, md	23. if death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?		
18 BURIAL CREMATION, OR DEMOVAL ST. PROPERTY OF THE PARTY AND THE PROPERTY OF THE PARTY AND THE PAR	Manner of Injury		
19. UNDERTAKER Henry W. Meast Son (Addiess) 805 M. Calvert St.	24. Was disaasa or injury in any way ralated to occupation of deceased?	no	

CTATE OF MADVIAND CEDTIFICATE OF DE

Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

MARGIN RESERVED

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

RECORD. Every item of infor-

stated EXACTLY

properly classified.

FOR BINDING

MARGIN RESERVED

WITH UNFADING INK-THIS IS A PERMANENT

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

WRITE PLAINLY,

of OCCUPA.

statement

	Langth of ras	ity <u>He</u> denca in c	nryton,	leath occurred	nd (Registration Dist. No. 74 (above) St., horpital or institution, give its NAME instead of street and long In U.S. if of foreign birth?	
2.			atherin 762 Lle		Ame., Bal	tost., Md.	Ward. If nonresident give city or town an	d State
	PERSON	IAL AN	D STATIST	ICAL PARTI	CULARS	M	EDICAL CERTIFICATE OF DEATH	
3. SI	ex Female		or or race	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE O	May 2, 1935	., 193 (Year)
	If married, widow HUSBAND of (or) WIFE of				. 1920	april 26	HEREBY CERTIFY, That I attandac 6, 193519 to May 2, 19 alive on May 2, 1935 19	<u>35, 19</u>
6. D 7. A	8. Trede, profe	4	Months 8 erticular	ept., 1 Days 1 Scholar	If LESS than 1 day,hrs. ormin.	to have occurred of the PRINCIPAL of ware as follows:	on the date stated above, at 5.215 Pm. M. CAUSE OF DEATH and related ceuses of importance Pulmonary Tuberculosis	Date of onse
OCCUPAT	9. Industry or work wa SAW MII	business is done, as L. BANK, ed last wo pation (mo	n which SILK MILL, etc. rked at nth end Unkn	At scho	ime (years) nt in this Unkr upetion Unkr		ry Causes of importance:	Mar.
E	13. NAME	(city or to	04			Name of operation		N
MOTH	15. MAIDEN NA 16. BIRTHPLACE (Stete of	ME (city or to country)	Shel Gast Sout E. O'Ne	ly Brow on h Carol ill, M.	ina	23. If deeth was du Accident, suicide, Where did Injury	ed diegnosis? Was there an ie to external causes (VIOLENCE) fill in also the followin or homicide? Date of injury occur? (Specify city or town, county and Stanjury occurred in INDUSTRY, in HOME, or in PUBLIC P	ng: , 19
I	Burial, CREMAT	TON, OR	y Morgu		/35 ,19		r injury in eny way related to occupation of deceased?	No

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance	/	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

te r	STATE OF MARYLAND—	CERTIFICATE OF DEATH
of infor-	1. PLACE OF DEATH	UDJ10
of CC CC	County Categole	Registration Dist. No. 74
should of OCC	Village or City Ly kerolle	No foringfield that & a for white
N S	Length of residence in city or town where death occurred 29 yrs.	death occurred in a horpital of institution, give its NAME instead of street and number) 2 ds. How long in U.S. if of foraign birth?
CORD. Every PHYSICIANS oct statement	2. FULL NAME Cakolina E. E.	esite.
SIC	(a) Residence: No. 22/6 Roses w	Louis Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
EAL	plucale white OR DIVORCED (write tha word),	21. DATE OF DEATH 29 , 193 5 (Month) (Day) (Year)
4 209	Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended daceased from
BINDI EXA C y classi te.	1857 / 1	May 26, 19.35, to May 29, 19.35
	6. DATE OF BIRTH (month, day, and yeer) Culture of the Transfer of the Transfe	i last saw half alive on the said
FOR B. IS A PE stated E properly ertificate	Blackert 7 8 1 day,hrs.	to heve occurred on the data stated abova, at
	6. Trade, profassion, or particular kind of work dona, as SPINNER,	wera as follows:
HIS he be of of	SAWYER, BOOKKEEPER, etc.	Curbral Jeworkhay 5-26-
RVI C_T ould may back	9 Industry or business in which work was done, as SILK MILL, SAW MILL RANK atc	
SE SH II	10. Date deceased last worked at 11. Total time (years)	
REST INGE I THAT	this occupation (month and spent in this occupation competion	Other Contributer Control Institute
Z	12. BIRTHPLACE (city or town) Mulausaute	Other Coutributory Causes of importance:
MARGIN UNFADI supplied. n terms, so	(Stata or country) Maryland	
	13. NAME to Warren Melch	
	14. BIRTHPLACE (city or town) Mukeerwar (Stata or country)	Name of operation Date of
	15. MAIDEN NAME Maryla Welch	What test confirmed diagnosis?
AL IV	16. BIRTHPLACE (city or town)	23. If death was due to axtarnal causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
NLY, be cal	S (State or country) May Rand	Where did injury occur?
LAIL IId b DE.	17. INFORMANT Rusfital Record	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF Di	(Address) Sykesville III. 18. BURIAL, CREMATION, OR REMOVAL 2.	Manage of Injury
	Place Freemount 0gto May 3/ 1935	Manner of injury
Mation CAUSI	19, UNDERTAKER WAY CHOOK OU	24. Was disaase or injury in any way related to occupation of daceasad?
EDH	(Address) 1217 A Paul Sp.	if so, spacify
× × × (1)	20. FILED May 29, 19 35 Coffany How Registrar.	(Signad) Mayer M. D. M. D. (Addrass) Survey will all
		2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

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ADDITIONAL SPA	CE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH pluods County (Registration Dist. No. Village of City M (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Langth of residence in city or town where death occurred statement (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of CERTIFY, That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 1.5or____min_ Date of onset 8. Trede, profession, or particular THIS 4-20-34 OCCUPATION kind of work done, as SPINNER," Jo SAWYER, BDDKKEEPER, atc. may back 9. Industry or business in which plnods work was done, as SILK MILL SAW MILL, BANK, etc 1D. Dete deceased last worked at 11. Total tima (years) this occupation (month and spent in this occupation _____ instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See Name of operation 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis?_ MOTHER important. 15. MAIDEN NAME in 23. If death was due to external causes (VIDL ENCE) fill in also the following: DEATH Accident, suicide, or homicide? ___. Date of Injury 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____. be (Specify city or town, county and State) plnods 17. INFORMANT Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. OF (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of injury CAUSE mation LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) so, specify 20, FILED. Registrar (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

RESERVED

MARGIN

(Year)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I V	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

05312

1. PLACE O	F DEATH		***	(103)			0.0
County	Carroll				Registration	Dist. No.	82
/ Village or C	city Mt.Airy,			No		St	Ward
Length of rasi	idence in city or town where	death occurred]	4_yrsmos	f death occurred in a hospital or institut sds. How long in U.S. If of	ion, give its NAM foreign birth?	E instead of street	and number)
2. FULL NA	ME Lloyd S	teele					
(a) Residen	ice: No	Mt.A11 (Usual place	y, Md.	St.,Ward.	If nonresident	give city or town	and State
PERSON	IAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CI			
3. SEX Male	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	May,	4,	, 193,5
5a. If marriad, widow HUSBAND of	ad, or divorced				(Month)	(Day)	(Yaar)
- CO MEE OF	Bertha O	.Steele		May 2,	CERTIF	Y. That I atten	ded deceased from
6. DATE OF BIRTH	(month, day, and year) 18	59-1-3		liast saw h_im alive on Ma			35; death is said
7. AGE Yea	irs Months	Days	If LESS than	to have occurred on the date states	d abova, at 4	&m.	
76	4	1	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT	H and related caus	es of Importance	1
8. Trada, profes	ssion, or particular work dona, as SPINNER, BOOKKEEPER, etc.	Miller	, (retire	Lobar Pne	eumonia	*****************	6/2/35
Industry or	business in which s done, as SILK MILL.		·····				
0. Date dacease	L, BANK, etced last worked at pation (month and 192)	n sper	ma (yaars) at in this 30yr	3		*****************	
12. BIRTHPLACE (cit (Stata or coun		ksburg, W.Va.		Other Contributory Canses of import		******	?
13. NAME	Samuel R	.Steele			•		
13. NAME	(city or town) Phi	ladelphi	a	Neme of operationnone	9	Data	
(State of		Pa.		What test confirmed diagnosis?			
15. MAIDEN NAI	ME Margar	et Fittr	0	23. if deeth was due to external caus			
15. MAIDEN NAI 16. BIRTHPLACE (State or	(city or town) Clark country) W.	sburg. Va.		Accident, suicide, or homicide?			
17. INFORMANT (Address)	Wrs Bertha		2,	Spacify whether injury occurred In	(Specify city or INDUSTRY, in HO	town, county and ME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMAT	Mt.Airy, ION, OR REMOVAL Grove Cemt		6, ,35.	Mennar of injury	uly ?	trobill,	m.A.
19. UNDERTAKER (Addrass)	Winfield	Maltz,		24. Was disaase or injury in any we	y related to occupa	ation of decaased?	no
20. FILED May	4 ,35 Oh	n Delu	ydev Registrar.	(Signad) Share	Jy 4	abill	med M.D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PLAINLY,

-	15	9	1	-6
1	10	U	4	*

1. PLACE OF DEA	TH			(23)		
County Car	croll				Registration Dist. No.	76
Village or City 26	ar Ove	truno	ter	NoNo		St.,Wa
Length of residence In c	ity or town where d	eath occurred	8 vrs. 6 mos	f death occurred in a hospital or institution of the death occurred in a hospital or institution of the death occurred in a hospital or institution of the death occurred in a hospital or institution of the death occurred in a hospital or institution of the death occurred in a hospital or institution of the death occurred in a hospital or institution of the death occurred in a hospital or institution of the death occurred in a hospital or institution of the death occurred in a hospital or institution of the death occurred in a hospital or institution of the death occurred in a hospital or institution of the death occurred in a hospital or institution of the death occurred in a hospital or institution of the death occurred in a hospital or institution of the death occurred in the dea	on, give its NAME instead of foreign birth? vrs.	street and number)
2. FULL NAME	Y. P.	. 17	2225			
	~a/\u		vvioc	04 194. 1		
(a) Residence: No.		(Usual place o	of abode)	St.,Ward.	If nonresident give city o	or town and State
PERSONAL AN	D STATISTI	CAL PARTIC	CULARS	MEDICAL CE	RTIFICATE OF D	EATH
Jemale W	r or race hite	5. SINGLE, MARK OR DIVORCED	(write the word)	21. DATE OF DEATH	(Month) (Day	, 193.5 (Year)
5a. If marriad, widowed, or diversity of HUSBAND of (or) WIFE of	orced O. W. II	over			CERTIFY, That	I attended deceased fr
6. DATE OF BIRTH (month, da	v. and year) (0	ct 6-	1906		way 5 /	
7. AGE Yaars	Months	Days	If LESS than	to have occurred on the date stated	abova, at 10:30 Am.	
28	6	29	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	H and related causes of impor	1
8. Trade, profession, or p kind of work done, SAWYER, BOOKKEI 9. Industry or business II work was done, as: SAW MILL, BANK,	as SPINNER, PER, atc.	Louise O	vife	Tuberculo Tuberculo	rses (Pulms	Deta of one
work was done, as SAW MILL, BANK,	SILK MILL,					
10. Date decaasad last wo this occupation (mo year)	rkad at	11. Total tir span occup	ne (yaars) t in this pation			
12. BIRTHPLACE (city or town) (State or country)	Carrol	l lov and	***************************************	Othar Contributory Couses of impor		ya
13. NAME Chur	les C. B	cirnes			*	
13. NAME to hur	mari	vel les		Name of operation	71. 1 =	Date of F=6.23
15. MAIDEN NAME	Paisen	Bloon	27	23. If death was due to external caus	192000	
15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)	mary	all Eso		Accident, suicide, or homicide?	Date of inju	ury, 19
17. INFORMANT SED. (Address) W.	W.D	toner		Specify whathar Injury occurred In	(Specify city or town, could INDUSTRY, In HOME, or in I	nty and State) PUBLIC PLACE.
18. BURIAL, CREMATION, OR		Date 5-/	S 1020	Manner of injury	***************************************	
7 0)	Date	19.3 ک	Nature of injury		
19. UNDERTAKER 19. (Addrass) On o	anka	and ts	m	24. Wes disease or injury in any way	y related to occupation of de	ceased?
(Addrass) (Me)	21- 4	un mo		(Signed)	e sido	Richon
20. FILED V (O,	19	jusi	Registrar.	(Signed) (Addrass) (W.	at a second	To a size of
				(Maines) 4	- Lander	July

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritts	1 year
		UNIVERSE	

STATE OF MARYLAND	-CERTIFICATE OF DEATH 05315
1. PLACE OF DEATH	
County Carroll	Registration Dist. No. 74
Village or City Dykesville	No. Sharn field state Hospital St., Ward If death occurred in a horgeted or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs5mo	os. 18. ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Isaac Stride	ν
(a) Residence: No. 3007 Baker (Usual place of abode)	St., Ward. Baltimore, Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word) Manual	21. DATE OF DEATH May 13 = 1935 (Month) (Day) (Year)
5e. If merried, widowed, or divorced 🛪	(month) (bay) (leat)
HUSBAND of Cleanor Hartman	22. March 5 3 , 1935, to may 132 , 1935
6. DATE OF BIRTH (month, day, and yeer) October 17th 1861	I last sew h um elive on may 13th 1935; death is seid
7. AGE Years Months Deys If LESS then	to heve occurred on the date stated above, at
73 (26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were es follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, Rail Road Conductor SAWYER, BOOKKEEPER, etc.	Cerebral arteriosoleroses 1934
kind of work done, es SPINNER, Rail Road Conductor SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, Bro. R. C. SAW MILL, BANK, etc. 10. Date deceased lest worked et lummorm 11. Total time (years) 11. Total time (years)	
O Date decessed lest worked et humanum 11. Total time (years) this occupation (month end 927 spent in this 4221	a V
12. BIRTHPLACE (city or town) unknown	Other Contributory Causes of importance: Chronic Myrealditis and Privite
(State or country) West Vngma	Chronic Interstital nephritis & Duration: prior of an
	to January, 1935. Guy 65
13. NAME Villiam J. Strider 14. BIRTHPLACE (city or town) Luxerown (State or country) Wax Vuxus.	Name of operation, home Date of Date of Date of Date of Physical Rysis and Caborston, findings. What test confirmed diagnosis? His was there en eu'opsy? His
	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Catherine Woodward 16. BIRTHPLACE (city or town) unhown (Stete or country) Maryland	Accident, suicide, or homicide? Dete of Injury, 19
17. INFORMANT Chrispeld Hale Hospital (Records) (Address) Puplearel, ma	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL COMPOSTO MAY 16, 1935	Manner of Injury
19. UNDERTAKER MANAGERIE GLYM- (Address) 200 M Jacobs	24. Wes disease or injury In eny wey related to occupation of deceesed?
20. FILED May 15, 1935 Bottomy Wew	(Signed) John M. Morris M. D.

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Cerebral hemorrhage	July 5, 1927		3 days ago
100			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back

TION is very important.

mation should be carefully supplied.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05316

1. PLACE OF DEATH			
County Carroll		v=====================================	Registration Dist. No. 74
Village or CitySykes:	ville, Md	•	SPRINGFIELD STATE HOSPITAL St. Word
Length of residence in city or town wh	ere death occurred(Οvrs. Ωmo:	If death occurred in a hospital or institution, give its NAME instead of street and number) s. 8 ds. How long in U.S. if of foreign birth?
	AM DALLAS Lmont Ave (Usual place	UMPHERYS Rasp	
PERSONAL AND STATE	STICAL PARTI		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	s. single, mar or divorce Marri	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH May 14, 193 5 (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Sr	mall		22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year)	January	1, 1885	May 6,
7. AGE Years Months 50 4		If LESS then 1 day,hrs.	to have occurred on the dete steted above, at 2:25 m . M . The PRINCIPAL CAUSE OF DEATH and releted causes of importance
A Trade profession or particular			Acute Parenchymatous 4-30-3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total t 1.935 spd	ime (years) ñt in this upetion	Causes inknown Note a complication or sequela of some other diseases avigo
12. BIRTHPLACE (city or town) Reis'			Other Coutributory Causes of importance:
13. NAME Samuel J. [Jmphery's		
13. NAME Samuel J. I	Lyndon, Mo	d	Neme of operation and Lab of tests Whet test confirmed diagnosis? Symptoms / Was there an autopsy? No
15. MAIDEN NAME Amelia	Durham		23. If deeth was due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Amelia Durham 16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)			Accident, suicide, or homicide? Dete of Injury, 19 Where did injury occur? (Specify city or town, county and State)
17. INFORMANT HOSPITAL I	Records, S	S.S.Hosp.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Oate Ma	W 17. 3	Manner of Injury
(Idea Control of the	vale.	<i>p</i>	Nature of injury
19. UNOERTAKER (Memo (Address) 3615-1)	Checlu	est cen	24. Wes disease or injury In any way related to occupetion of deceased?NO
20. FILED May 14 1935 C	Hacel	Yeer	(Signed) John L. Welhered M. O.
		Registrar.	(Address) S. S. Stork Sy Mer wille, Md

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," out the particular kind of work done and return that, as spinner, weaver, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," and particular kind of store, factory, mill, etc., as greeny store, soon factory, and the store, "configuration of store, as greeny store, soon factory, and the store, as greeny store, soon factory, as the store, as greeny store, soon factory, and the store, as greeny store, soon factory, and the store, as greeny store, as greeny store, as a store, as greeny store, as greeny

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Find

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as createngineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as arpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person was ells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Attack of epilepsy	1
	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
	- 3%
Other contributory causes of importance: Gastroenteritis	1 year
I	Peritonitis Other contributory causes of importance:

infor-

1. PLACE

County

STATE OF MARYLAND	-CERTIFICATE OF DEATH 05317
Carroll	Registration Dist. No. 76
or City near Westminster	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
f residence in city or town where death occurredyrs	mosds. How long In U.S. if of foreign birth?yrsmos ds.
NAME Delores Fay Utz idence: No. near Westminster (Usualplace of abode)	St., Ward. If nonresident give city or town and State
ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Le White Single	
ridowed, or divorced of of	22. I HEREBY CERTIFY. That t attended doceased trom 5-29-1935 to 5-29 1935
RTH (month, day, and year) May 29, 1934 Years Months Days II LESS than	7 300

Village Length (2. FULL (a) Re: PERS 3. SEX Fema 5a. It married, v (or) WIFE 6. DATE OF BI 7. AGE 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. were es tollows Date of onset 8. Trede, protession, or particular NPATION kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. home Industry or business in which work wes done, es SILK MILL SAW MILL, BANK, etc 000 11. Total time (years)
spent in this 10. Date deceased last worked at this occupation (month and occupation Other Contributory Causes of importance 12. BIRTHPLACE (city or town) Maryland (State or country) FATHER Mvrl Utz 13. NAME 14. BIRTHPLACE (city or town) Maryland (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the tollowing: Accident, suicide, or homlcide? 16, BIRTHPLACE (city or town) Maryland (State or country) Where did injury occur? (Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT Westminster. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury May 31 19 35 Neture of injury 24. Wes disease or Injury 19. UNDERTAKER (Address) Registrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OPPOSITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
I was called in gette this clied had expired. The forests
say that Dr. Thomas whearty, of Tany tand und les lesen
afferding the child for property of which there was buylong
when see my me spent myset (b-24-35 Dlile to the MY
(Culting H)

plnods CIANS statement PHYSI Exact classified. properly back may plnous that terms, See plain carefully in DEATH be plnods OF

BINDIN

RESERVED

ARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. ... How long in U.S. if of foreign birth? vrs. mos. ds. vrs _____ds. (a) Residence: Np. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Day) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 1433 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Months Davi to have occurred on the date stated above, at 1 day, __ O ___ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 0 or__Q_min. wera as follows: Date of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ŏ 10. Date deceased last worked et 11. Total time (years) this occupation (month end spent in this occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?. ----- Was there an au'opsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: important Accident, suicide, or homicida?______ Data of Injury_____, 19_____ 16. BIRTHPLACE (city or town (Stata or country Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE Neture of Injury 24. Was disease or injury In any way related to occupation of deceased? (Address) If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ano Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF	MARYL	AND-	CERTIFICATE OF DEATH	5314
1. PLACE OF DEATH				0010
County Carroll			Registration Dist. No	74
Village or City Sylvenical Length of residence in city or town where deep		(If	No. Springfill State Harphall, death occurred in a horpital pinstitution, give its NAME instead of street at 16. ds. How long in U.S. if of foreign birth?	
2. FULL NAME Caroline	Wilkin			
(a) Residence: No.	(Usual place of abod	le)	St., Ward. Cocomoke C	and State 1 Mg
PERSONAL AND STATISTIC	AL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5	or Divorced (write	te the word)	21. DATE OF DEATH (Nonth) (Dev)	, 193 3 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	K Wilkin	0	22. I HEREBY CERTIFY, Thet I attend May 30 1934, to May 1	100
6. DATE OF BIRTH (month, day, and yeer)	pteruler 7	18,14	I last saw h. Ra. alive on Mary 1	→; death is sald
7. AGE Years Months 5 7	23 1da	f LESS then by,hrsmin.	to have occurred on the date steted above, at 11: 50 R.m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	none-		Broncho presenonia	Date of onset
O 10. Date deceased last worked at	11. Totel time (ye	ars)		
this occupation (month end year) 12. BIRTHPLACE (city or town)	spent in the occupation		Other Contributory Causes of Importance:	
(Stete or country)	Q Q -			

FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

MATION, OF

23. If death was due to external ceuses (VIOLENCE) fill in also the following:

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Nature of injury. If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied.

TION is very important.

1. PLACE OF DEATH	(131)
County Carrel	Registration Dist. No. 79
Village or City Baddleburg	No. St., War (If death occurred in a horpital or institution, give its NAME instead of street and number)
7 ,00	mosds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Trans Howard L	Vilson
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wildows	
5a. If merriad, widowad, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) Och - 20, /85-4	1 HEREBY CERTIFY, That I ettended decessed fro Jan. 1, 1931, to may 10, 1931 Vlast saw h impelies on may 10, 1935; death is sa
7. AGE Yeers Months Days If LESS than f dey,	
8. Trede, profession, or particular kind of work done, as SPINNER. SawyER, BOOKKEEPER, etc SawyER, BOOKKEEPER, etc SawyER, BOOKKEEPER, etc Saw Mill, BANK, etc Saw Mill, BANK, etc Saw Mill, BANK, etc Saw mill, grant worked at this occupation (month and the same finish is seen in this seen in this	Chronic sulinstellal 1933
year) 9/3 occupation 34	Other Coutributory Causes of Importenca:
(Steta or country) Many land 13. NAME John Wilson	- Uracional may
13. NAME John Wilson 14. BIRTHPLACE (City or town) (Stete or country) Many Land	Name of operation Dete of What test confirmed diegnosis? Wes there an eulopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (Taylney town)	23. If daath wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Law Clem O. Welson (Address) Buddling Ond	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Platheddlebrog ME Cenildata May 14, 19	Manner of Injury
19. UNDERTAKEN Paymen I Subject med (Addiess) Menon Budge med 20. Filed May 12., 1935 Mrs. Sea D. Delle	24. Was disease or injury in any wey releted to occupetion of dacesed? 220 If so, specify (Signed) 201 according to the second of the second

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

1	Count	carro.	11			d Branch (23)	Registration Dis	t. No. 74	
	Village	or City_Hel	nryton,	Maryla	nd.	No		St.,	Ward
	Length	of residence In cit	ty or town whera	death occurred	O yrs. 5 mos	death occurred in a horpital or instit	of foreign birth?	islead of street and	number) mosds.
2			Henry W						
-			1544 Le	slie St	Baltin	nors, Maryland			
	(a) 110	ssidence, No		(Usual place	of abode)	Haid.	If nonresident giv	e city or town ar	id State
		SONAL AN	DSTATIST	ICAL PARTI	CULARS		CERTIFICATE C	OF DEATH	
3. S	Male		r or race lored		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	9, 1935 (Month)	(Day)	, 193
5a.	If married,	widowed, or divo	rced				1.00		
	(or) WIF				a Leisen ared	reb., 13, 19	Y CERTIFY.	Thet I attanda	d dacaased from 935
6. D	ATE OF B	IRTH (month, day	, and year)	pril 15	, 1905	I last saw h_im_alive on_1	May 29, 19	35 ,19	; death is said
7. A	GE	Years	Months	Deys	If LESS than 1 days x x x x hys.	to have occurred on the dete ste			
		30	_	14	ormin.	The PRINCIPAL CAUSE OF DEA			Date of onset
N	8. Trade,	, profession, or pa nd of work done,	rticular as SPINNER, (haurreu	r	Pulmonary Tu	iberculosi	S	Oct
Ě	9. Indust	ry or business in	which						1930
9	wo	ork was done, as S W MILL, BANK, e	ILK MILL,			-2			
OCCUPATION	N thi	dacaasad last wor is occupetion (mor ar) Unkno	nth and	Unkon	ima (yaars) ntin this Oand				
12	RIRTHPI.A	CE (city or town).	Lumber	ton,		Other Contributary Causes of im	portance:		
		or country)	North	Carolin	8			***********	
ER I	I3. NAME	Rich	ard Wil						
FATHER	I4. BIRTH	PLACE (city or to	wn)	berton,		Name of operation		Oata of.	
-		tate or country)		Caroli	na.	What test confirmed diagnosis?_		Was there ar	autopsy?NO
띩	IS. MAIDE	EN NAME MI			allon,,	23. If death was due to axternal co	auses (VIOLENCE) fill In		
MOTHER	16. BIRTH	PLACE (city or to	term)	erton,		Accident, suicide, or homicide?	Det	e of injury	19
Σ	(\$	tete or country)		Caroli		Where did injury occur?	(Specify city or tov	S Lan eterna	
	INFORMAN (Addra	iss) H	enrytor	Neill,		Specify whether Injury occurred	in INOUSTRY, In HOME	, or In PUBLIC P	LACE.
18.	BURIAL, C	REMATION, OR R	na rque	Date 5-	30 ,1935	Manner of injury			
19.	UNDERTAR (Addra	iss) \$79	near	de em	sley.	24. Was disease or injury in eny	way related to occupation	on of deceasad?	Nio
20.	FILED D	/29/35	19 July	u Olouty Loc	AL Registrar.	(Signad) Her	hwww.	Mic	W.M.

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Cerebral hemorrhage	July 5,1927	Peritonitis c	3 days ago	
		, 10		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

18. BURIAL, PREMA

19. UNDERTAKER (Addrass)

5/25/35

		OF MAR	YLAND-	CLIVIII ICATE OF DEATH	53:22
1. PLACE OF	DEATH	M	aryland 1	uberculosis Sanatorium	
oounty	Carroll		C	olored Branch 23 Registration Dist. No. 74	
Village or Ci	ty Henryton	, Maryl	and	No. St.	Ward
Langth of rasid	dance in city or town where	daath occurred	O yrs. 7 mos	death occurred in a horpital or institution, give its NAME instead of street and ds. How long In U.S. If of foreign birth?	d number)
2. FULL NAM	ME Harry Wo	ood	n - herry or		
(a) Residence	e: No. Waldorf,	Charle	s County,	Maryland.	
		(Usual plece	of abode)	If nonresident give city or town a	nd State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
sex Male	4. COLOR OR RACE Colored	5. SINGLE, MAR OR DIVORCE Mall'1	RIED, WIOOWED, D (write the word)	21. DATE OF DEATH 25, 1935	, 193(Year)
ia. If married, widowe HUSBAND of (or) WIFE of	ed, or divorced Emma Wo	ood		22. HEREBY CERTIFY, That Lattende Sept., 17, 1934, May 25, 1	
S. DATE OF BIRTH (month, day, and year) He	in., 5,	1876	Hast saw h im aliva on May 25, 1935	; death is sale
. AGE Yaar	s Months	Days	If LESS than	to have occurred on the data statad above, at 9.15 mA . M.	
59	4	20	1 day	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:	100
kind of w	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc.	Laborer		Pulmonary Tuberculosis	July 1934
9. Industry or h					
10. Date deceasa this occur yaar)	d last worked at pation (month and NKNOWN	11. Total t Unka	ime (yaars) nt in this (Qalloh)		
2. BIRTHPLACE (city	vortown) Waldon			Other Coutributory Causes of importance:	

Wood, George FATHER Waldorf, 14. BIRTHPLACE (city or town) Maryland. (Stata or country) Eliza Boone. MOTHER Waldorf. 16. BIRTHPLACE (city or town). Maryland (State or country) O'Neill, M. John Henryton. Maryland. (Address)

Nature of injur If so, specify

Name of operation

Accident, suicide, or homicide

Where did injury occur?

(Signad)

(Specify city or town, county end State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Local

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewift in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis -	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis e	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact Statement of OCCUPAstated EXACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important. WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No.

STATE O			CERTIFICATE OF DEATH	297
1 PLACE OF DEATH	Mary	rland Jub		000
County Carroll	Larvie	Colo	red Branch (23) Registration Dist. No. 74	
Village or City Henryton,	ricer A To	Of	No. St., death occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length of residence in city or town where de		yrs5_mos		ds.
2. FULL NAME George Ce	lester	Wright		
(a) Residence: No.Welcome,				
PERSONAL AND STATISTIC	(Usual place		If nonresident give city or town and Ste MEDICAL CERTIFICATE OF DEATH	ite
		RIED, WIDOWED,	21. DATE OF DEATH	
Male Colored		(write the word)	May 4, 1935	93
5a. If married, widowed, or divorced HUSBAND of				(Year)
(or) WIFE of			NOV., 19, 1954	eased from
6. DATE OF BIRTH (month, day, and year)	ne 11,	1915	im May 4 1955	death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 1.15 m.	
19 10	24	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of preset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	armer		Pulmonary luberculosis	uly
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.				1934
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		-		
SAW MILL, BANK, etc	11. Total ti Spar U11 Kocco	me (years) it in this		
year) Unknown Washing		panen	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) WASHIIIE (State or country) DISTRICT C	T Colum	mbia.		
	ngton,		Name of operation Date of	
(State of country) DISCIIC			What test confirmed diagnosis? Was there an auto	psy71.0
15. MAIDEN NAME Georgiann 16. BIRTHPLACE (city or town) Welcom		son	23. If death was due to external causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town) Welcom (State or country)	viand.		Accident, suicide, or homicide? Date of injury	
17. INFORMANT John L. O'Nei		1)	Where did injury occur? (Specify city or town, county and State)	
(Address) Henryton,	Marylar	id.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION OR REMOVAL	v - 1	7 25	Manner of injury	
Place Washington AVL	Date 7 - C	199.5	Nature of Injury	
19. UNDERTAKER Malter	Wood		24. Was disease or injury In any way related to occupation of deceased?	0
(Address) 2344	Nich	W.	If so, specify	/
20. FILED 5/4/35 19 19 De DU	ty Loca	Registrar.	(Signed) (Address) (Addres	ZM. D.

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Other contributory causes of importance:		Other contributory causes of importance:	HERE
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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